



## PERSONAL FINANCIAL STATEMENT

U.S. SMALL BUSINESS ADMINISTRATION

As of \_\_\_\_\_, \_\_\_\_\_

Complete this form for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more of voting stock, or (4) any person or entity providing a guaranty on the loan.

Name	Business Phone
Residence Address	Residence Phone
City, State, & Zip Code	
Business Name of Applicant	

ASSETS	(Omit Cents)	LIABILITIES	(Omit Cents)
Cash on hand & in Banks.....	\$ _____	Accounts Payable .....	\$ _____
Savings Accounts.....	\$ _____	Notes Payable to Banks and Others.....	\$ _____
IRA or Other Retirement Account .....	\$ _____	(Describe in Section 2)	
Accounts & Notes Receivable.....	\$ _____	Installment Account (Auto) .....	\$ _____
Life Insurance-Cash Surrender Value Only .....	\$ _____	Mo. Payments \$ _____	
(Complete Section 8)		Installment Account (Other) .....	\$ _____
Stocks and Bonds .....	\$ _____	Mo. Payments \$ _____	
(Describe in Section 3)		Loan on Life Insurance .....	\$ _____
Real Estate.....	\$ _____	Mortgages on Real Estate .....	\$ _____
(Describe in Section 4)		(Describe in Section 4)	
Automobile-Present Value .....	\$ _____	Unpaid Taxes.....	\$ _____
Other Personal Property .....	\$ _____	(Describe in Section 6)	
(Describe in Section 5)		Other Liabilities .....	\$ _____
Other Assets .....	\$ _____	(Describe in Section 7)	
(Describe in Section 5)		Total Liabilities .....	\$ _____
Total .....	\$ _____	Net Worth .....	\$ _____
		Total .....	\$ _____

### Section 1. Source of Income

Salary .....	\$ _____
Net Investment Income .....	\$ _____
Real Estate Income.....	\$ _____
Other Income (Describe below)* .....	\$ _____

### Contingent Liabilities

As Endorser or Co-Maker .....	\$ _____
Legal Claims & Judgments.....	\$ _____
Provision for Federal Income Tax.....	\$ _____
Other Special Debt .....	\$ _____

Description of Other Income in Section 1.

\*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

### Section 2. Notes Payable to Banks and Others. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral

Section 3. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).					
Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

Section 4. Real Estate Owned.		(List each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement and signed.)		
	Property A	Property B	Property C	
Type of Property				
Address				
Date Purchased				
Original Cost				
Present Market Value				
Name & Address of Mortgage Holder				
Mortgage Account Number				
Mortgage Balance				
Amount of Payment per Month/Year				
Status of Mortgage				

Section 5. Other Personal Property and Other Assets.	(Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment and if delinquent, describe delinquency)

Section 6. Unpaid Taxes.	(Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

Section 7. Other Liabilities.	(Describe in detail.)

Section 8. Life Insurance Held.	(Give face amount and cash surrender value of policies - name of insurance company and beneficiaries)

I authorize SBA/Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).

Signature:	Date:	Social Security Number:
Signature:	Date:	Social Security Number:

PLEASE NOTE: The estimated average burden hours for the completion of this form is 1.5 hours per response. If you have questions or comments concerning this estimate or any other aspect of this information, please contact Chief, Administrative Branch, U.S. Small Business Administration, Washington, D.C. 20416, and Clearance Officer, Paper Reduction Project (3245-0188), Office of Management and Budget, Washington, D.C. 20503. PLEASE DO NOT SEND FORMS TO OMB.

## Instructions to complete Personal Financial Statement (SBA Form 413) for the California Unified Certification Program:

1. Fill out all line items to the best of your ability. Be sure to include the DATE in the upper right corner of the First page.
2. Include all of your and, if applicable, your spouse's assets and liabilities.
3. Assets that must be included are real property (includes rental or vacation homes), personal property wherever located (includes household goods, collectibles, clothing and jewelry), other businesses, vehicles, boats, trailers, cash, bank accounts, stocks, bonds, retirement accounts, insurance policies and any other assets where you have an ownership interest.
4. Complete Section 4 for all of your real estate. Be sure to include and identify which is your primary residence.
5. For married individuals, list both names and all property, including both community and separate property. Complete Section 5 to identify separate property for each spouse.
6. Describe other assets, other property, and other liabilities in detail. Include your equity in your business also, under Other Assets, and then itemize all Other Assets in Section 5.
7. Market values for items such as real estate, other assets and other property should be as accurate as possible to their value as of the above date.
8. If necessary, use additional sheet(s) of paper to report all information and details.
9. To compute **Net Worth**, first add all liabilities and put that figure in the Total Liabilities line, then subtract Total Liabilities from Total Assets to get your **Net Worth**.
10. To determine economic disadvantage eligibility, your **Net Worth** amount will be adjusted by the following to obtain an Adjusted Net Worth figure (see worksheet below).

- Exclusion of an individual's ownership interest in the applicant firm;
- Exclusion of an individual's equity in his or her primary residence;
- Deduction of tax and interest penalties that would accrue if retirement savings or investments (e.g., pension plans, Individual Retirement Accounts, 401(k) accounts, etc.) were distributed at the present time.
- **For airport concessionaire only:** Exclusion of other assets documented to be necessary to obtain financing or a franchise agreement for the initiation, support or expansion of an airport concession, to a maximum of \$3 million.

An individual's personal net worth includes only his or her own share of assets held jointly or as community property with the individual's spouse. If your Adjusted Net Worth exceeds the \$750,000 cap and you, individually, or you and other individuals are the majority owners of an applicant firm, the firm is not eligible for DBE certification. If the Adjusted Net Worth of the majority owner(s) exceeds the \$750,000 cap at any time after your firm is certified, the firm is no longer eligible for certification. Should that occur, it is your responsibility to contact your certifying agency in writing to advise the firm no longer qualifies.

### Adjusted Net Worth Worksheet:

Net Worth (less one-half of community property, if applicable) .....\$ \_\_\_\_\_

Less: ① ownership interest in applicant firm.....( \_\_\_\_\_ )

② equity in primary residence.....( \_\_\_\_\_ )

③ tax and interest penalties on retirement accounts.....( \_\_\_\_\_ )

④ airport concessionaire exclusion, if applicable.....( \_\_\_\_\_ )

**Adjusted Net Worth Total.....\$ \_\_\_\_\_**

11. Be sure to sign, and date at the end of the statement. If you have any questions or would like assistance in completing this form, please contact one of the certifying agencies on the enclosed Roster.

A MATERIAL OR FALSE STATEMENT OR OMISSION MADE IN CONNECTION WITH THIS APPLICATION IS SUFFICIENT CAUSE FOR DENIAL OF CERTIFICATION, REVOCATION OF A PRIOR APPROVAL, INITIATION OF SUSPENSION OR DEBARMENT PROCEEDINGS, AND MAY SUBJECT THE PERSON AND/OR ENTITY MAKING THE FALSE STATEMENT TO ANY AND ALL CIVIL AND CRIMINAL PENALTIES AVAILABLE PURSUANT TO APPLICABLE FEDERAL AND STATE LAW.

I certify that I am socially disadvantaged because I have been subjected to racial or ethnic prejudice or cultural bias, or have suffered the effects of discrimination, because of my identity as a member of one or more of the groups identified above, without regard to my individual qualities.

I further certify that my personal net worth does not exceed \$750,000, and that I am economically disadvantaged because my ability to compete in the free enterprise system has been impaired due to diminished capital and credit opportunities as compared to others in the same or similar line of business who are not socially and economically disadvantaged.

I declare under penalty of perjury that the information provided in this application and supporting documents is true and correct.

Executed on \_\_\_\_\_(Date)

Signature \_\_\_\_\_  
(DBE Applicant)

**NOTARY CERTIFICATE**